

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101761986
FILING DATE
APPLICANT(S)

21/09

CLAIMS

AS FILED	AFTER		AFTER		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT						
1		1								
2			1							
3			1							
4			1							
5			1							
6			1							
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49										
50										
TOTAL IND.		2								
TOTAL DEP.		17								
TOTAL CLAIMS		14								

100
TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS